

**BAKER BOTTS LLP**

FEE TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.***TOTAL AMOUNT OF PAYMENT (\$)** 1,240*Complete if Known*

| | |
|----------------------|-----------------------------|
| Application Number | 09/351,985 |
| Filing Date | July 12, 1999 |
| First Named Inventor | Braun et al. |
| Examiner Name | Wang, S. |
| Group Art Unit | 1617 |
| Attorney Docket No. | 32585-PCT-USA-A 071986.0200 |

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 02-4377
Deposit Account Name: Baker Botts LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|------------------------|----------|
| 740 | 370 | Utility filing fee | |
| 330 | 165 | Design filing fee | |
| 510 | 255 | Plant filing fee | |
| 740 | 370 | Reissue filing fee | |
| 160 | 80 | Provisional filing fee | |

SUBTOTAL (1) (\$ 0)**2. EXTRA CLAIM FEES**

Total Claims: 20 ** = 0 X Fee from below = 0
Independent Claims: 3 ** = 0 X Fee from below = 0
Multiple Dependent: = 0

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description |
|-----------------------|-----------------------|--|
| 18 | 9 | Claims in excess of 20 |
| 84 | 42 | Independent claims in excess of 3 |
| 280 | 140 | Multiple dependent claim, if not paid |
| 84 | 42 | ** Reissue independent claims over original patent |
| 18 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 0)***or number previously paid, if greater; For Reissues, see above***FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 920* | 920* | Requesting publication of SIR prior to Examiner action | |
| 1,840* | 1,840* | Requesting publication of SIR after Examiner action | |
| 110 | 55 | Extension for reply within first month | |
| 400 | 200 | Extension for reply within second month | |
| 920 | 460 | Extension for reply within third month | 920 |
| 1,440 | 720 | Extension for reply within fourth month | |
| 1,960 | 980 | Extension for reply within fifth month | |
| 320 | 160 | Notice of Appeal | 320 |
| 320 | 160 | Filing a brief in support of an appeal | |
| 280 | 140 | Request for oral hearing | |
| 1,510 | 1,510 | Petition to institute a public use proceeding | |
| 110 | 55 | Petition to revive - unavoidable | |
| 1,280 | 640 | Petition to revive - unintentional | |
| 1,280 | 640 | Utility issue fee (or reissue) | |
| 460 | 230 | Design issue fee | |
| 620 | 310 | Plant issue fee | |
| 130 | 130 | Petitions to the Commissioner | |
| 50 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 180 | 180 | Submission of Information Disclosure Stmt | |
| 40 | 40 | Recording each patent assignment per property (times number of properties) | |
| 740 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 740 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 740 | 370 | Request for Continued Examination (RCE) | |
| 900 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1,240)**SUBMITTED BY**

Name (Print/Type) Lisa B. Kole

Signature

Registration No. (Attorney/Agent)

35,225

Complete (if applicable)

Telephone

Date

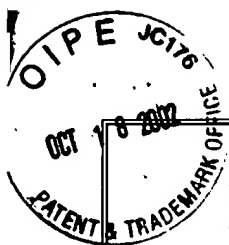
October 15, 2002

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OCT 22 2002

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BAKER BOTTS LLP

Attorney Docket Number: 32585-PCT-USA-A 071986.0200

Title: MEDICINAL PRODUCT FOR THE PROMOTION OF WOUND HEALING

Use Space Below for Additional Information:

A large, empty rectangular box with a thin black border, intended for providing additional information. It occupies the lower half of the page.

\$AP/1617



BAKER BOTTS LLP

Please type a plus sign (+) inside this box → ☐

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|----------------------------|
| Application Number | 09/351,985 |
| Filing Date | July 12, 1999 |
| First Named Inventor | Braun et al. |
| Group Art Unit | 1617 |
| Examiner Name | Wang, S. |
| Attorney Docket Number | 32585-PCT-USA-A 071986.020 |

Total Number of Pages in This Submission 5

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Notice of Appeal |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks <input type="checkbox"/> | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|---|
| Firm or Individual name | Baker Botts LLP 30 Rockefeller Plaza New York, NY 10112 | |
| Signature | | Att Name: Lisa B. Kole PTO Reg: 35,225 |
| Date | October 15, 2002 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: October 15, 2002

| | | |
|-----------------------|--------------|-----------------------|
| Typed or printed name | Lisa B. Kole | |
| Signature | | Date October 15, 2002 |